

DING AUTOMOTIVE PTE LTD
OUR REF: 50111318/TP/SHA8680J/AD/09/01/2019/HAILEY
YOUR REF: GBF7625X/-----
16 MAY 2019

Without Prejudice
to our driver's Injury claim

(Poh kin)

MOTOR CLAIMS DEPARTMENT
AXA INSURANCE
8 SHENTON WAY, #24-01
AXA TOWER, 068811 SINGAPORE

ACCIDENT INVOLVING: SHA8680J AGAINST GBF7625X ON 09/01/2019
LOCATION ALONG: SLIP OF TAMPINES RD TWDS UPPER SERANGOON RD
We refer to the above matter:

	Rate per day	Repair/ Claim days	AMOUNT BEFORE GST	GST 7%	AMOUNT AFTER GST
Cost of Repair	\$ -	2	\$ 1,400.00	\$ 98.00	\$ 1,498.00
Loss Of Rental	\$ 107.48	2	\$ 214.96	\$ -	\$ 214.96
Loss Of Income	\$ 80.00	2	\$ 160.00	\$ -	\$ 160.00
LTA/GIA Search Fee	\$ -	0	\$ 1.87	\$ 0.13	\$ 2.00
Towing Fee	\$ -	0		\$ -	\$ -
Surveyor Fee	\$ -	0	\$ -	\$ -	\$ -
Total	\$ 187.48	2	\$ 1,776.83	\$ 98.13	\$ 1,874.96

The accident was caused solely by the negligence of your insured and as a results. We had incurred the following costs of repair and losses of our insurer:

Enclosed are copies of the following documents for your perusal:

☺	Repair Estimate	☺	Discharge Voucher
☺	GIA/Accident Police Report	☺	Certificate Of Insurance
☺	LTA 3 rd Party Search Fee	☺	Final Bill/Repair Tax Invoice
☺	Mileage Record	☺	Confirmation Finalize/Liability Email Copy
☺	Rental Rates Agreement	☺	Letter Of Demand
☺	Letter Of Authority	☺	

Our insurer has authorized DING AUTOMOTIVE PTE LTD to deal with the claim in this accident case and also to receive and deal/negotiate with all payment as stated above.

Please look into our client's claim and revert soonest as possible.

Your Sincerely,
HAILEY
DING AUTOMOTIVE PTE LTD
OFFICE:64521208
FAX:64520614

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

14/01/2019 21:03

JOB-NO: 50111318

OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 2

ADDRESS: 383 SIN MING DRIVE
SINGAPORE 575717 0

64739522

VEHICLE DETAILS

LICENSE NO: SHA8680J

TRANS: AUTO

CHASSIS: KMHLB41UMHU095239

MAKE / MODEL: HYUNDAI / I40

ENGINE: D4FDGU683656

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 2

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,000.00	0.00	1,000.00		Y	200
2 REMOVE & REFIT SPARE TYRE & CARPET & SIDE TRIM	1.00	120.00	0.00	120.00		Y	X
3 REMOVE & RE-DRILL REAR REVERSE SENSOR	1.00	120.00	0.00	120.00		Y	30
4 RESPRAY REAR BUMPER	1.00	220.00	0.00	220.00		Y	200
5 RESPRAY REAR BUMPER DIFFUSER	1.00	220.00	0.00	220.00		Y	100
6 RESPRAY REVERSE SENSOR	1.00	100.00	0.00	100.00		Y	30
TOTAL		1,780.00	0.00	1,780.00			560
<u>MATERIALS</u>							
1 REAR BUMPER	1.00	599.68	119.94	479.74	L	Y	de✓
2 REAR BUMPER REINFORCEMENT	1.00	438.40	87.68	350.72	L	Y	X
3 REAR BUMPER REINFORCEMENT BRACKET LHS	1.00	95.63	19.13	76.50	L	Y	X
4 REAR BUMPER REINFORCEMENT BRACKET RHS	1.00	95.63	19.13	76.50	L	Y	X
5 REAR BUMPER REINFORCEMENT SPONGE	1.00	150.15	30.03	120.12	L	Y	X
6 REAR BUMPER RETAINER LHS	1.00	49.14	9.83	39.31	L	Y	X
7 REAR BUMPER RETAINER RHS	1.00	49.14	9.83	39.31	L	Y	X
8 REAR BUMPER REFLECTOR RHS	1.00	42.50	8.50	34.00	L	Y	X
9 REAR BUMPER DIFFUSER	1.00	218.40	43.68	174.72	L	Y	ma✓
10 REAR END PANEL	1.00	526.00	105.20	420.80	L	Y	X
11 REAR BUMPER CLIP SET	1.00	35.00	0.00	35.00	S	Y	ne✓
12 REAR BUMPER RUBBER PROTECTOR PAD	1.00	160.00	0.00	160.00	S	Y	de✓
13 REAR BUMPER REVERSE SENSOR	1.00	220.00	0.00	220.00	S	Y	200 nw✓
14 REAR BUMPER ADS STICKER	1.00	160.00	0.00	160.00	S	Y	new✓
TOTAL		2,839.67	452.95	2,386.72			
TOTAL PARTS & LABOUR		4,619.67	452.95	4,166.72			1209.46

EXCESS LOADING SS 0.00

No. Of Day: 2

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM: SS

DATE OF SURVEY: 14, 01, 19

1769.46.

4591400

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR DISP	REV PRICE
SURVEYED BY: <u>Tanaka</u>							

CONTACT NO:

9749574

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

*Review after repair
sure (Auto.com)*

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	09/01/2019 17:36
Date Of Accident	09/01/2019 16:00
Exact Location Of Accident	ALONG SLIP OF TAMPINES RD TWDS UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8680J
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAY CHAN TIAN
NRIC No	S1656520B
Date Of Birth	24/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92359864
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 162 JALAN TECK WHYE #09-206 SINGAPORE
Postcode	680162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7625X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THU WEE MING
NRIC/Passport Number	S7669935F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY CHAN TIAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHA8680J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1656520B

Name
TAY CHAN TIAN
郑灿钊

Race
CHINESE

Date of Birth
24-12-1964

Country of Birth
SINGAPORE

Sex
M

1806526

NRIC No. S1656520B

Blood Group
B+

Date of Issue
20-03-1984

APT BLK 182 JALAN TECK WHYE #08-208
SINGAPORE 680182

NRIC No. S1656520B Date: 10/08/1997 (R)

REPUBLIC OF SINGAPORE DRIVING LICENCE

NAME: CHAN TIAN

Date: 24-Dec-1964

Exp. Date: 11-Jun-2005

10006654598

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Aug 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Aug 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 Nov 1988
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	01 Dec 1988

Licence No: S1656520B

NP 428A

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1656520B

Name: TAY CHAN TIAN

Issue Date: 11 Jun 2005

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	21/08/1995
03	BUS VL	01/08/1995

MR. TAY CHAN TIAN

Vehicle No: S4A 8680J (Hired Relief)

Reporting Date: 9/1/19 Time: 16:55 hrs

Accident Date: 9/1/19 Time: 16:10 hrs

[OD TP / WC / Cash] [PG: 1] [SPD: 0 Km/H]

Mileage: 389085

[HP: 92259864] [Weather Condition: Clear / Raining / other:]

[Road surface: Wet / Dry / Other:]

[Location: Slip road at Tampines road towards upper Serayoon road]

TP1: Number Plate GBF7625X Name: TTH Wee my NRIC: S7669935F HP: _____

TP2: Number Plate _____ Name: _____ NRIC: _____ HP: _____

TP3: Number Plate _____ Name: _____ NRIC: _____ HP: _____

[Witness:] [HP: _____]

[Tow: Y/N]

9 JAN '19 16:59

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

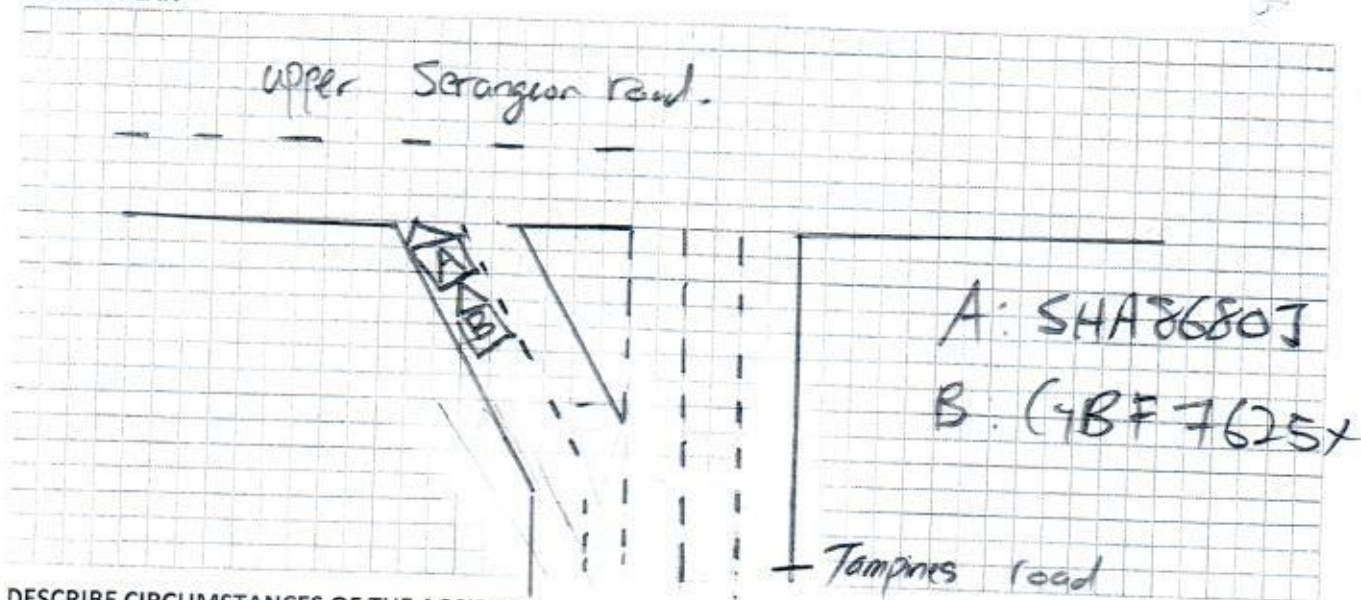
9 JAN '19 16:59

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/1/2019 at or about 1600 hours while I was travelling along the slip road of Tampines road towards upper Serangoon Road. I stopped my Taxi SHA 8680J at the stop line waiting for the main road traffic to clear. Suddenly, Vehicle GBF 7625 X hit onto the rear of my taxi SHA 8680J, causing damage to my taxi bumper.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-006607

Date of Request: 12/01/2019

Your Ref No: Online Purchase

Ding Auto Pte Ltd
Blk 10, #01-20
Sin Ming Industrial Estate Sector C
Singapore 575645

Dear Sir/Madam,

Enquiry Date 12/01/2019
Enquiry By You Jing Feng
TP Vehicle No. GBF7625X
Accident Date 09/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF7625X	AXA Insurance Pte Ltd	01/03/2018-28/02/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-006607

Date of Request: 12/01/2019

Your Ref No: Online Purchase

Ding Auto Pte Ltd
Blk 10, #01-20
Sin Ming Industrial Estate Sector C
Singapore 575645

Dear Sir/Madam,

Enquiry Date 12/01/2019
Enquiry By You Jing Feng
TP Vehicle No. GBF7625X
Accident Date 09/01/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	
GST Amount	1.87
Total Amount Due (GST Inclusive)	0.13
	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

Our Ref: CC19010233



Date: 17 January 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	09/01/2019 @ 16:00 hrs
ALONG	ALONG SLIP RD OF TAMPINES RD TOWARDS UPPER
INVOLVING	SERANGOON RD
	GBF7325X

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA8680J** (the "Taxi"). The Taxi was hired to **TAY CHAN TIAN IC NO S1656520B** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety


This is a computer generated letter. No signature is required.

LETTER OF AUTHORITY

ACCIDENT INVOLVING SHA8680J & GBF7625X ON 09-JAN-2019 .

I TAY CHAN TIAN NRIC NO. S1656520B of
citycab pte ltd owner/ hirer of the Vehicle Registration
No. SHA8680J hereby authorize **Ding Automotive Pte Ltd**
to submit, correspond, negotiate and settle my claim for cost
of repair and uninsured losses arising from the above accident.

I further authorize that agreed settlement sum for cost of
repair, loss of income and rental, survey report fee, third
party vehicle insurance particulars enquiry fee etc. Be ma
in favour of the **Ding Automotive Pte Ltd** and that the sai
payment be forwarded to them as full and final discharge
my claim.

SIGNED BY:  _____

DATE: 09-JAN-2019 .

Satisfaction Voucher

Date: 15/01/2019

MS First Capital Insurance Limited

Attention: MOTOR CLAIMS DEPT

Dear Sir/Madam

I/We hereby acknowledge having received from Singapore Technologies Kinetics Ltd., 249 Jalan Boon Lay, Singapore 619523, my/our vehicle number SHA8680J which has been repaired to my/our satisfaction and acceptance. I/We admit that the payment of SGD _____ account for such repairs is in full discharge of my/our claim upon the corporation under the policy number D-18088937MFSH reference claim number 50111318 in respect of the damage caused to the said vehicle in an accident that occurred thereto or about the 09/01/2019 at ALONG SLIP OF TAMPINES RD TWDS

Dated this day of _____, 201 _____

Signature: [Signature]

NRIC No: S1656520B

Name: CityCab PTE LTD (Fleet)

Address: 383 SIN MING DRIVE
SINGAPORE 575717 0

Company Stamp if applicable

Date Issued : 12/10/2017

CERTIFICATE REF : MZ400A

**CERTIFICATE OF INSURANCE
(MASTER)**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO. D-18088937MFSH

Index Mark and Registration Number of Vehicle All CityCab taxis operating in the Republic of Singapore.

Name of Insured CityCab Pte Ltd

Coverage Third Party Fire and Theft

Effective date of the Commencement of Insurance for the purpose of the Act 01/01/2018

Date of Expiry of Insurance 31/12/2020

Persons or Classes of Persons entitled to drive

- a) Any licensed taxi driver driving on the Insured's order or with their permission.
b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use :

- Use as a taxi.
Use for social, domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

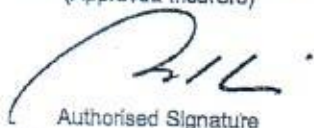
Excess : All Claims \$2,000.00 each and every accident

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

First Capital Insurance Limited
(Approved Insurers)

A/C NO. : B0101


Authorised Signature

DING AUTOMOTIVE PTE LTD
BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645
Tel : 6452 1208 Fax : 6452 0614

FINAL BILL

M/S: AXA INSURANCE

ACCIDENT DATE: 09/01/2019

REF: -----

OIC: CLAIMS OFFICER

OUR REF : SHA8680J

DATE : 16/5/2019

ITEM NO.	DESCRIPTION	UNIT PRICE	AMOUNT
1	Repair Cost	\$ 1,400.00	\$ 1,400.00
2	LTA/Merimen Search Fee	\$ 1.87	\$ 1.87
3	Loss of Rental (w/o GST) [107.48X02]	\$ 214.96	\$ 214.96
4	Loss of Income (w/o GST) [80X02]	\$ 160.00	\$ 160.00
5	Towing Fee	\$ -	\$ -
6	Surveyor Fee	\$ -	\$ -
REMARKS :		SUB TOTAL :	\$ 1,776.83
		7% GST	\$ 98.13
		GRAND TOTAL :	\$ 1,874.96

Yours faithfully,



Authorise Signature of Ding Automotive Pte Ltd

**ACCIDENT INVOLVING SHA8680J AND GBF7625X ON 09/01/2019
ARRANGE SURVEY**

Taxis Customer Service

to: Motor.survey

Sat 12 Jan 2019 04:35 PM

Cc: ACCOUNTS, ADMIN, carlor.chan, "Dd hashim"

From: Taxis Customer Service/KAS/CBG/ST Kinetics
To: Motor.survey@axa.com.sg
Cc: ACCOUNTS@DINGAUTO.SG, ADMIN@DINGAUTOMOTIVE.COM.SG,
carlor.chan@dingauto.sg, "Dd hashim" <dd.hashim@dingauto.sg>

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you.]

[We encourage everyone to do his / her part in helping to preserve the environment. Kindly refrain from printing this email unless it is absolutely necessary.]

Dear Officer ,

Please arrange surveyor come onto Survey SHA8680J ASAP

The vehicle SHA8680J already in 31 Corporation Road 649825 .

Please arrange A-pac adjusters & surveyors pte ltd or autoprobe consultants or Lkk Auto Consultants Pte Ltd .



SAS2533047.PDF SHA8680J-GBF7625X.html

Thanks

Best Regards

Ding Automotive Pte Ltd
JING FENG
Hp : 62657130

NOTE !!!

All mailed letter & cheque payment is to be mailed to our main office address :

BLOCK 10 #01-20

SIN MING INDUSTRIAL EST. SEC C

SINGAPORE 575645

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]

50111318/SHA8680J - Finalize Amount & After Repair Photo .

Taxis Customer Service

to: sur, admin-a, cs-a, rasul

Thu 17 Jan 2019 07:57 PM

Cc "ACCOUNTS@DINGAUTO.SG",
"ADMIN@DINGAUTOMOTIVE.COM.SG",
"Carlor.chan@dingauto.sg", "Dd hashim"

From: Taxis Customer Service/KAS/CBG/ST Kinetics
To: sur@lkkauto.com AsherSng@lkkauto.com, admin-a@lkkauto.coM, cs-a@lkkauto.com,
rasul@lkkauto.com
Cc: "ACCOUNTS@DINGAUTO.SG" <ACCOUNTS@DINGAUTO.SG>,
"ADMIN@DINGAUTOMOTIVE.COM.SG" <ADMIN@DINGAUTOMOTIVE.COM.SG>,
"Carlor.chan@dingauto.sg" <Carlor.chan@dingauto.sg>, "Dd hashim"

[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you.]

[We encourage everyone to do his / her part in helping to preserve the environment. Kindly refrain from printing this email unless it is absolutely necessary.]

Dear Officer ,

Please see below for the finalize according to our conversion to finalize for **SHA8680J**

Kindly check the attach after paint

Total Repair - 02 Days

L/S REPAIR

Confirmed finalize Amount with surveyor = \$1400.00

Please help to close this case ASAP

Thanks

Best Regards
Ding Automotive Pte Ltd
Alex Khong
Hp : 62657130/83039588

NOTE !!!

All mailed letter & cheque payment is to be mailed to our main office address :

BLOCK 10 #01-20
SIN MING INDUSTRIAL EST. SEC C
SINGAPORE 575645



af 3.jpg af 2.jpg af 1.jpg es.jpg

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claims@dingautomotive.com.sg

From: claims@dingautomotive.com.sg
Sent: Thursday, 16 May 2019 10:54 AM
To: 'Taufikh (LKKAUTO)'
Cc: 'Kenneth Ding'; 'You jingfeng'; 'taxiscs'; 'Dd hashim'; 'Kelly Ding'; 'Poh Kin (LKKAUTO)'
Subject: RE: 50111318/SHA8680J - Finalize Amount & After Repair Photo .

Dear Taufikh,

Thank you for your finalize.

We confirm this finalize amount.

Thank you so much.

Best Regards,

Hailey

Motor Claims Department
Ding Automotive Pte Ltd
DID: 81203490

From: Taufikh (LKKAUTO) [mailto:Taufikh@lkkauto.com]
Sent: Thursday, 16 May 2019 10:43 AM
To: claims@dingautomotive.com.sg
Cc: 'Kenneth Ding'; 'You jingfeng'; 'taxiscs'; 'Dd hashim'; 'Kelly Ding'; 'Poh Kin (LKKAUTO)'
Subject: RE: 50111318/SHA8680J - Finalize Amount & After Repair Photo .

Hi Hailey,

COR I/s \$1400 , 2 days.

Regards

Taufikh
Lkk Auto

From: claims@dingautomotive.com.sg [mailto:claims@dingautomotive.com.sg]
Sent: Monday, 13 May 2019 2:23 PM
To: 'Taufikh (LKKAUTO)'
Cc: 'Kenneth Ding'; 'You jingfeng'; 'taxiscs'; 'Dd hashim'; 'Kelly Ding'
Subject: RE: 50111318/SHA8680J - Finalize Amount & After Repair Photo .

Hi Mr Taufikh,

Kindly help us finalize amount as soon as possible.

We are unable submit claim due to still pending at your side.

We look forward from you soon.